|  |  |   |                    |                                   |              |                  |              | Application or Docket Number |                        |        |                     |                        |  |
|--|--|---|--------------------|-----------------------------------|--------------|------------------|--------------|------------------------------|------------------------|--------|---------------------|------------------------|--|
|  | PATENT   | APPLICATIO                                | RD                 |                                   |              |                  |              |                              |                        |        |                     |                        |  |
| Effective October 1, 2003  |  |   |                    |                                   |              |                  |              | 10718893                     |                        |        |                     |                        |  |
| CLAIMS AS FILED - PART I   |  |   |                    |                                   |              |                  |              | SMALL ENTITY                 |                        |        | ÖTHEF               | THAN                   |  |
| (Column 1) (Column 2)  |  |   |                    |                                   |              |                  |              | TYPE                         |                        |        | SMALL               |                        |  |
| T  | OTAL CLAIMS                                    |   | 29                 |                                   | ]            | -                |              | TE                           | FEE                    | 7      | RATE                | FEE                    |  |
| FOR  |  |   | NUMBER FILED .     |                                   | NUMBER EXTRA |                  | BASI         | C FEE                        | 385.00                 | OR     | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 29minus 20=        |                                   | * 9          |                  | ×\$          | X\$ 9= 8/11                  |                        | OR     | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |  |   | 2 _minus 3 =       |                                   |              | 2                |              | 3=                           |                        | OR     | X86=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                    |                                   |              |                  | +14          | 5=                           |                        | OR     | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                    |                                   |              |                  | TO           | ΓAL                          | 466                    | APR    | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                    |                                   |              |                  |              |                              | 7                      | _      | OTHER               | THAN                   |  |
| _  | <del></del>                                    | (Column 3)                                | SMA                | ALL !                             | ENTITY       | OR               | SMALL        | ENTITY                       |                        |        |                     |                        |  |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA | RA           | ΓΕ                           | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT</b>   | Total  | *   | Minus              | **                                |              | =                | X\$          | 9=                           |                        | OR     | X\$18=              |                        |  |
| ME   | Independent                                    | *   | Minus              | ***                               |              | =                | X43          | 3=                           |                        | OR     | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                                   |              |                  |              |                              | _                      |        | 200                 |                        |  |
|  |  |   |                    |                                   |              |                  | +14          |                              |                        | OR     | +290=               |                        |  |
|  |  |   | ·                  |                                   |              | ٠                | ADDIT.       | FEE                          |                        | OR     | TOTAL<br>ADDIT. FEE |                        |  |
|  |  | (Column 1)                                | (Column 2) (Column |                                   |              | (Column 3)       |              |                              |                        |        |                     |                        |  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |                    | NUME<br>PREVIO<br>PAID F          | BER<br>OUSLY | PRESENT<br>EXTRA | RAT          | E                            | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus              | **                                |              | =.               | X\$ 9        | <b>3</b> =                   |                        | OR     | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus              | ***                               |              | =                | X43          | =                            |                        | OR     | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE [               |   |                    | PENDENT CLAI                      |              |                  |              |                              |                        | On     |                     |                        |  |
|  |  |   |                    |                                   |              | <i>;</i><br>;    | +14          |                              |                        | OR     | +290=               |                        |  |
|  |  |   |                    |                                   |              | •                | TC<br>ADDIT. | TAL<br>FEE                   |                        | OR     | TOTAL<br>ADDIT. FEE |                        |  |
|  |  |   |                    |                                   |              | (Column 3)       |              |                              |                        |        |                     |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA | RAT          | E                            | ADDI-<br>TIONAL<br>FEE | ;<br>, | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus              | **                                |              | = .              | X\$ 9        | )=                           |                        | OR     | X\$18=              |                        |  |
|  | Independent                                    | *   | Minus              | ***                               | <u> </u>     | =                | X43          | -                            |                        | OR     | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |  |   |                    |                                   |              |                  |              | i=                           |                        | OR     | +290=               |                        |  |

TOTAL

<sup>\*</sup> If th entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE OR ADDIT.

TOTAL ADDIT. FEE OR ADDIT.